

SAMVED CONSERVATORY OF INDIAN CLASSICAL MUSIC & DANCE **- North America (SCICMD)**

Managed by MADHYAM NON –PROFIT CHARITY ORGANIZATION

Affiliation Form for Teachers

Name: -----
(First) (Middle) (Last Name)

Mailing Address: -----, -----, -----, -----
(House no. Street name) (City) (State), (Zip Code)

Phone: Home: ----- Cell: -----

Email: -----, Web site: -----

You tube links of your notable performances -----

Teaching : Dance : -----(name the style)/ Tabla / Vocal /

Musical Instrument: ----- (Specify name of the instrument)

Name of the Guru / Gurus: 1. -----

(More details to be attached separately) Years of training: -----

Degreed acquired in the art form:-----, ----- (Certificates must be attached)

Other academic degrees acquired: ----- (Certificates must be attached)

Experience in teaching field:----- years

One time affiliation fees Check of \$100 payable to “ Madhyam”.

Form with check should be sent to : Madhyam , 17 Mattawang Drive, Somerset, NJ 08873

Signature of the teacher

Date: -----/-----/-----
Day / Month / year

